



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 10:37 am, Mar 12, 2025

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN <b>105444</b>	PRINTER SN <b>096.3580.865</b>	DATE OF INSPECTION <b>2-27-25</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>210 S. Clarke Ave, Clever Mo 65631 (Clever Police Dept)</b>	TIME OF INSPECTION <b>1239</b>
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**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LAB</u>	LOT # <u>24310</u> EXP. DATE <u>8/27/26</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE ( <u>34°C</u> ± 0.2°C) <u>34°C</u>	SIMULATOR SN <u>2259</u> SIMULATOR EXP DATE <u>12/19/2025</u>

**CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**  
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 • <u>.102</u>	TEST 2 • <u>.101</u>	TEST 3 • <u>.101</u>
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RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**NONE**

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>LOREN NYSTROM</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230287 12/6/2025</b>	TELEPHONE NUMBER <b>417-743-5709</b>

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Boulevard  
 Poplar Bluff, MO 63901

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00962

Temp Date Time 210L

Air Blank:  
02/27/25 12:41 .000  
Calibration Check:  
24 02/27/25 12:41 .102

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

L. Nystrom 1001

Location

Clewer P.D. Patrol Room

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00963

Temp Date Time 210L

Air Blank:  
02/27/25 12:43 .000  
Calibration Check:  
24 02/27/25 12:43 .101

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

L. Nystrom 1001

Location

Clewer P.D. Patrol Room

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00964

Temp Date Time 210L

Air Blank:  
02/27/25 12:46 .000  
Calibration Check:  
25 02/27/25 12:46 .101

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

L. Nystrom 1001

Location

Clewer P.D. Patrol Room

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00965

Temp Date Time 210L

VOID: RFI  
12 02/27/25 12:49

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

L. Nystrom 1001

Location

Clewer P.D. Patrol Room

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00966

Temp Date Time 210L

Air Blank:  
02/27/25 12:51 .000  
Calibration Check:  
25 02/27/25 12:51 .000

Subject Name

Test

Subject I.D.

Blank Test

Operator Name, I.D.

L. Nystrom 1001

Location

Clewer P.D. Patrol Room



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **24310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 28, 2024**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 27, 2026** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN03072301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

2

**PERMIT**  
**TYPE II**  
**LOREN NYSTROM**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/6/2023

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230287

*David J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/6/2025

MO 580-0771 (G-10)

LAB-4 (R6-10)

 **STATE OF MISSOURI**  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator NYSTROM, LOREN  
 Permit No 230287  
 Date Issued 12/6/2023 Date Expires 12/6/2025

